MUNICIPAL UTILITIES DEPARTMENT
REGIONAL WASTEWATER CONTROL FACILITY

2500 NAVY DRIVE
STOCKTON, CALIFORNIA 95206
(209) 937-8750
FAX: (209) 937-8708

CITY OF STOCKTON

Part A - Application/Permit

SECTION 1. APPLICATION

Return the completed application by: _____

Further Instructions: See reverse side.

A1. Applicant Business Name _____

A2. Address of premise discharging wastewater: _____
   A. Street _____
   City _____ Zip _____

A3. Business Address
   A. Street _____
   City _____ Zip _____
   B. Mailing _____
   City _____ State _____ Zip _____

A4. Chief Executive Officer
   A. Name _____ B. Title _____
   C. Mailing Address _____ D. City _____ State _____ Zip _____

A5. Person to be contacted about this application
   A. Name _____ B. Title _____ C. Phone _____

A6. Person to be contacted in case of emergency
   A. Name _____ B. Title _____
   Day Phone _____ Night Phone _____

A7. CERTIFICATION : I certify that the information above and on the following parts is true and correct to the best of my knowledge.

| _____ | _____ |
| Signature | Date |

| _____ | _____ |
| Print Name | Title |